The new Bulletin

The Bulletin underwent a major transformation in 1999. By changing its title and subsuming other WHO periodicals, it was pitched to a wider audience and expanded its thematic range. This is the third and last part of a series about the history of the Bulletin to mark its 60th anniversary. Research and report by Brigit Ramsingh.

Under former Director-General Gro Harlem Brundtland, two World Health Organization (WHO) periodicals – the World Health Forum and the World Health Statistics Quarterly – were incorporated into a bright new Bulletin. A position of editor-in-chief was created, and Brundtland appointed Dr Richard Feachem to lead the Bulletin's transformation as the “international journal of public health”.

The stated aim of the World Health Forum, which was established in 1980 and echoed the Declaration of Alma-Ata in 1978, was “to give substance to the revolutionary idea of ‘health for all’ by the year 2000.” It published accounts of field work and was oriented towards primary health care. The World Health Statistics Quarterly, formerly known as the World Health Statistics Report, published mainly epidemiological data.

These changes were reflected in the content of the new Bulletin as well as in its staff. Desmond Avery, a former editor of the World Health Forum later served as an Editorials/Reviews editor at the Bulletin. He recalls how “the new management argued that the new Bulletin would incorporate the World Health Forum, but in reality very little of the Forum approach was carried over.”

With the absorption of some of the functions of these two publications, the Bulletin was targeted specifically to the public health community and it was expanded and redesigned to include “policy-relevant discussions” alongside the research papers that it had always published.

Under Brundtland and her senior managers Dr Julio Frenk and Dr Christopher Murray, the revamped 1999 Bulletin shifted from bimonthly to monthly publication and its articles were more rigorously peer reviewed. An editorial committee was established of WHO staff, representing a wide range of expertise and publishing experience. Despite some tensions, overall, the revamp was a success.

Avery remembers that “the change in 1999 was exciting for us because the new team under Brundtland wanted the Bulletin to compete with journals like the British Medical Journal, New England Journal of Medicine and the Lancet, whereas the traditional Bulletin was more focused on work going on in WHO and its programmes. With the new regime, there was a more energetic and ambitious atmosphere. At editorial meetings there was often well-informed and high-powered discussion about articles. It was refreshing as I had been working at an under-funded quarterly journal, which had not been getting much attention.

“Richard Feachem, when recruited as editor-in-chief, took the job seriously and was good at it. We used to get him on the telephone from San Francisco to lead the monthly editorial committee meetings. He was very able at directing discussion and getting decisions made,” Avery recalls.

Feachem left the Bulletin in 2002 when he became the first Executive Director of the Global Fund to fight AIDS, Tuberculosis and Malaria. Reflecting on his time and goals as editor-in-chief of the new Bulletin from 1999 to 2002, he recalls: “We wanted the Bulletin to become a more independent, more influential and a more credible scientific voice on major issues in global health. We sought to dispel any notion that it was a mouthpiece for WHO or that its content was in any way censored or controlled by WHO staff.”

“The Bulletin could and did draw attention to WHO’s work and policy positions as appropriate, but this was not its main or primary purpose. We wanted active and lively debate and we sought to attract strong papers by credible authors, even if there were critical of WHO policies or positions. We sought to make the Bulletin more ‘meaty’, and the theme issues format was the flagship innovation for achieving this,” says Feachem, who is Professor of Global Health at the University of California in San Francisco and Berkeley.

These special ‘theme issues’ began to appear in 2000, along with an expanded news section, mainly in response to demand from Bulletin readers provided in feedback for surveys. Other popular sections included Public Health Classics and Letters to the Editor.

WHO persuaded the British Medical Journal to second a senior editor to run the Bulletin on a day-to-day basis. “I was seconded to WHO to edit the Bulletin with a clear remit to make it an independent, influential and high impact journal,” recalls Dr Kamran Abbasi. “I believed the best way to develop the Bulletin was to ensure the journal’s coverage reflected what was topical and relevant in global public health, which was not necessarily always the same as WHO’s agenda.”

Not everyone was in favour of this, as Abbasi continues, “Several senior WHO staff members were angered by this change in editorial policy and tried to go above me to have their work published in the Bulletin. They were unsuccessful … The focus had to move away from WHO and towards the key issues in global public health.”

Today’s Bulletin is the result of a 60-year evolution from the “principal scientific organ of the WHO” to the “international journal of public health.” It has also taken its place among the world’s leading health journals. In 2007, the journal achieved an impact factor of 4.019, placing it ninth in the ISI Web of Knowledge’s category of the most cited public, environmental and occupational health journals.